



Texas Department of Insurance  
**State Fire Marshal's Office**, Mail Code 112-FM  
333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221

## FIREFIGHTER WITNESS INTERVIEW FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_

Rank/Title: \_\_\_\_\_ Unit #: \_\_\_\_\_

Shift assignment and duty: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Other #: (\_\_\_\_) \_\_\_\_\_

### NOTIFICATION AND ARRIVAL PHASE

1. How did you become aware of the fire?
  
2. What time was it? \_\_\_\_\_
  
3. Where were you when you first became aware of the fire?
  
4. How did you travel to the fire scene?
  
5. When you first arrived at the fire scene, what did you observe?

6. What time did you arrive? \_\_\_\_\_
7. Upon your arrival, did you see, smell, or hear anything that you would consider unusual at a fire scene?
8. Did you arrive prior to the arrival of fire apparatus?  
(If **no**, skip to number 9.)

8A. If you arrived before fire apparatus, to whom did you report?

8B. What did you do before the fire department apparatus arrived?

8C. When you first arrived, what was the status of the fire?

- ☐ No smoke showing
- ☐ Light smoke showing
- ☐ Heavy smoke showing
- ☐ Flames coming from one window or door
- ☐ Flames coming from multiple windows or doors
- ☐ Flames coming from the roof or through the walls
- ☐ Total building involvement
- ☐ Building collapsing
- ☐ Building totally collapsed and on fire.

Please describe your observations.

9. If you went to the fire scene in a fire department vehicle, or were on the scene before apparatus arrived, describe the status of the fire when fire department apparatus arrived.

Please describe your observations.

- ☐ No smoke showing
- ☐ Light smoke showing
- ☐ Heavy smoke showing
- ☐ Flames coming from one window or door
- ☐ Flames coming from multiple windows or doors
- ☐ Flames coming from the roof or through the walls
- ☐ Total building involvement
- ☐ Building collapsing
- ☐ Building totally collapsed and on fire
- ☐ Building no longer on fire

9A. What time did apparatus arrive? \_\_\_\_\_

9B. When you arrived at the fire scene, to whom did you report?

10. If you arrived in a fire department vehicle, what firefighting activities were in progress when you arrived?
11. How many fire apparatus did you observe when you arrived?
12. Where were they positioned?

## **FIRE DEVELOPMENT AND EXTINGUISHMENT**

13. Please describe, in order, what tasks you performed while at the fire scene, from arrival to the time you left the scene.

14. What personal protective equipment, including helmet, bunker gear, and SCBA did you wear at the scene?

15. Were you working in the area where the fatality or injury occurred? \_\_\_\_\_  
(If **no**, skip to question 16.)

Please describe your firefighting activities and what you saw in the area at the time of the injury or death.

- 15A. What was the firefighter doing at the time of the injury or death?

- 15B. What type of protective equipment (SCBA, bunker gear, helmet, etc.) was the firefighter wearing just before the incident? Was all gear in place: collar up, SCBA face piece on, coat buttoned, gloves on, etc.?

- 15C. What is the last thing you remember before the injury or fatality occurred?

16. How and when did you become aware that a firefighter was down, had been injured, or had died?
17. Did you hear any PASS devices sounding, SCBA low-air warning sounders, people calling for help, or evacuation signals?
18. Did you hear any radio traffic involving the death or injury?
19. Did you hear any sounds you consider unusual at a fire? Please describe what you heard.
20. Were you involved in any rescue attempts involving any firefighters who had become trapped or injured? Please describe.
21. As you observed the fire scene, please describe how the fire got larger or smaller while you were there. Please describe any unusual events you saw, smelled, or heard while you were on the scene. If you remember the times of specific events that occurred, please note them.
22. Did any additional fire apparatus, law enforcement vehicles, or ambulances arrive while you were on the scene? Please describe the sequence and times they arrived.

### DEPARTURE AND POST-FIRE PHASE

23. Why did you leave the fire scene?
24. What time was it? \_\_\_\_\_
25. What was the status of the fire when you left the scene?

- ☐ No smoke showing
- ☐ Light smoke showing
- ☐ Heavy smoke showing
- ☐ Flames coming from one window or door
- ☐ Flames coming from multiple windows or doors
- ☐ Flames coming from the roof or through the walls
- ☐ Total building involvement
- ☐ Building collapsing
- ☐ Building totally collapsed and on fire
- ☐ Building allowed to burn out without extinguishment
- ☐ Fire partially extinguished
- ☐ Fire totally extinguished

Please describe your observations.

26. After you left the fire scene, where did you go and what did you do?
27. Has any other information come to you regarding the fire/fatality after you left the scene? If so, what?
28. Do you remember who told you and when you heard it?

29. Did you receive any notifications via social media?

29A. What did they say?

29B. Who were they from?

30. Do you have any photographs before or after the incident?

31. Are there any other statements you want to make?

32. Please draw a sketch on the back of this form (if a sketch is not provided) showing your recollection of the fire scene including area of fire/smoke, truck, hoseline, equipment, personnel locations and where you worked during the fire. If you moved to a different location or locations, please mark them as 1, 2, 3, etc.

Use the back of as many of the pages as you need if multiple sketches are required.

**Thank you for your assistance. Someone may contact you for additional information. Please contact Lt. Brian Fine, State Fire Marshal's Office at (512) 417-7162 if you receive any additional information on this fire.**

***Do Not Write Below This Line--Investigator Use Only***

**Interviewed by:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Time/Date:** \_\_\_\_\_

**Follow-up Required?** \_\_\_\_\_ **Assigned to:** \_\_\_\_\_